

United States District Court
For the District of Delaware

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UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

2006 MAR 30 PM 4:28

Acknowledgement of Service Form
For Service By Return Receipt

Civil Action No. 06-C7 SLR

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY									
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p style="text-align: center;"><i>06-107-802</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Signature <i>Beatrice Onay</i></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by (Printed Name) <i>Beatrice Onay</i></td> <td>C. Date of Delivery <i>3/29/06</i></td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 10px;"> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </td> </tr> </table>		A. Signature <i>Beatrice Onay</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) <i>Beatrice Onay</i>	C. Date of Delivery <i>3/29/06</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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1. Article Addressed to: WARDEN TOM CARROLL DELAWARE CORRECTIONAL CENTER 1181 PADDOCK RD. SMYRNA, DE 19977		<i>CHS</i> <i>06-107-802</i>									
2. Article Number <small>(Transfer from service label)</small>		<i>7005 1820 0004 3169 5070</i>									
PS Form 3811, February 2004 Domestic Return Receipt M-1540											